



State of Connecticut

Department of Public Safety / Division of State Police

ACCIDENT INFORMATION SUMMARY

State Police Troop: "I" Bethany

Case Number: DPSdps04-04821-4

Notations:

Traffic: _____

Weather: _____

Lane _____ of _____

Direction of Travel: _____

N S E W

Investigating Trooper: Vegliante #1161 # _____

Date: 09/26/04

Time: 1846 hrs.

No. & Type of Veh's Involved: three
(Passenger Car, Truck, Bus, Etc.)Related Information: _____
(Pedestrian, Pole, Bridge Abutment, Etc)

Town / City: New Haven

Location of Accident: I-91 South exit # 4

Utility Pole Name & Number (If Applicable): _____

Other (Specify): _____

Oper #1: Arroyo, Barbara

Oper #2: Sincavage, George

DOB: 09/18/56 Gender: ☐ M ☒ FDOB: 10/31/50 Gender: ☐ M ☐ F

Address: 95 Alameda dr.

Address: 787 Washington ave

Town: Bridgeport State: Ct. Zip: 06610

Town: West Haven State: Ct. Zip: 06516

Oper. Lic. # 213 096 725 Type: _____ State: Ct.

Oper. Lic. # 222 188 418 Type: _____ State: Ct.

Owner #1: same

Owner #2: same

Address: same

Address: Same

Registration Plate: 500 RNM State: Ct.

Registration Plate: 379 PTR State: Ct.

Make: Buick Model: 4dr Year: 1997

Make: Hyun Model: 4 dr. Year: 2001

VIN: 1G4CW52K7V4614482

VIN: KMHCG45C91U157129

Seatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/ASeatbelt(s): ☒ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/A

Insurance Company: Dairyland

Insurance Company: Kemper

Insurance Policy #: 064016688

Insurance Policy #: CV788571

Injuries: none

Injuries: None

Vehicle Damage: left rear bumper (minor)

Vehicle Damage: left rear quarter

Vehicle Towed: ☒ No ☐ YesVehicle Towed: ☒ No ☐ Yes

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Doris Sincavage

Oper #3: Jones, Thayer

Oper #4: _____

DOB: 09/21/63 Gender: ☒ M ☐ FDOB: _____ Gender: ☐ M ☐ F

Address: 466 Middletown Ave

Address: _____

Town: New Haven State: Ct. Zip: 06513

Town: _____ State: _____ Zip: _____

Oper. Lic. # 094 267 559 Type: _____ State: Ct.

Oper. Lic. # _____ Type: _____ State: _____

Owner #3: Same

Owner #4: _____

Address: Same

Address: _____

Registration Plate: 699 043 State: Ct.

Registration Plate: _____ State: _____

Make: HD Model: MC Year: 2001

Make: _____ Model: _____ Year: _____

VIN: 1HD1FRW101Y647006

VIN: _____

Seatbelt(s): ☐ Yes ☒ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☒ No ☐ N/ASeatbelt(s): ☐ Yes ☐ No Airbag: ☐ Yes (Deployed ☐ Y ☐ N) ☐ No ☐ N/A

Insurance Company: Dairyland

Insurance Company: _____

Insurance Policy #: 064067971

Insurance Policy #: _____

Injuries: Fatal

Injuries: _____

Vehicle Damage: left side front fender

Vehicle Damage: _____

Vehicle Towed: ☐ No ☒ Yes Anthony'sVehicle Towed: ☐ No ☐ Yes

Occupant(s): [Name / DOB / Address / Position in Veh]

Occupant(s): [Name / DOB / Address / Position in Veh]

Flanagan, Dawn 07/16/64

New Haven, Ct.

Brief Description of Accident

Veh. #1, #2, and #3 all traveling I-91 s/b within the lc/l of 4 travel lanes. Veh. #1 & #2 stopped, at which time op. #3 applied the brakes, realized he couldn't stop in time slide the motorcycle sideways and struck veh. #2 on the left rear quarter. Upon impact op. #3 and his passenger were ejected from the motorcycle. Op. #3 then struck veh. #1 and sustained serious head injuries. Pass. #3 sustained very minor injuries. Op. #3 transported to ~~Yale~~ New Haven hospital, where he was pronounced dead upon arrival.

This investigation is: ☒ Open / Continuing ☐ Closed

MEDICAL ATTENTION:

#1 Ambulance ☒ Yes, Company AMR ☐ No

Patient Name: Jones, Thayer

Hospital Yale New Haven

Injuries Fatal

#2 Ambulance ☒ Yes, Company AMR ☐ No

Patient Name: Flanagan, Dawn

Hospital Yale New Haven

Injuries Very Minor

#3 Ambulance ☐ Yes, Company ☐ No

Patient Name: _____

Hospital _____

Injuries _____

#4 Ambulance ☐ Yes, Company ☐ No

Patient Name: _____

Hospital _____

Injuries _____

FATALITIES: Do Not Release Unless Next of Kin Notified

Name Jones, Thayer

Next of Kin Notified? ☒ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

Name _____

Next of Kin Notified? ☐ Yes ☐ No

ENFORCEMENT ACTION:

Arrested _____

Warned _____

Arrested _____

Warned _____

Supervisor's Approval Required: Signature _____ # _____ Date _____